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ROYLANCE, AE 1300 19TH STREE SUITE 600 WASHINGTON,, I 1/04/2006 MBEYENE2 000 1 FC:1501 2 FC:1504 APPLICATION NO. 10/743,544 TITLE OF INVENTION: I REMOVAL	DC 20036		т. Р	Ce	mailing can only be used for is certificate cannot be used for all paper, such as an assignment of mailing or transmission. retificate of Mailing or Transmiss Fee(s) Transmittal is being with sufficient postage for firs I Stop ISSUE FEE address TO (571) 273-2885, on the dispersion of the control of the c	mission .	
1/04/2006 MBEYENE2 000 1 FC:1501 2 FC:1504 APPLICATION NO. 10/743,544 TITLE OF INVENTION: 1	000117 10743544 1400.00 DP 300.00 DP				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
2 FC:1504 APPLICATION NO. 10/743,544 TITLE OF INVENTION: 1	300.00 OP					(Depositor's name)	
10/743,544 TITLE OF INVENTION: 1	FILING DATE			(Signature) (Date)			
TITLE OF INVENTION:		FIRST NAMED INV		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION:	12/23/2003	In-yong Sor			46171	5790	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400		\$300	\$1700	01/03/2006	
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EXAMINER TO AN IV		ART UNIT	. .	399-297000	J		
TRAN, HOAN H Change of correspondence address or indication of "F				he patent front page, 1			
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	an assignee is identified be 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON THI low, no assignee dat of this form is NOT a	registered attorney 2 registered patent listed, no name wil E PATENT (print of ta will appear on the a substitute for filing	• • •	nes of up to no name is 3	ocument has been filed for	
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Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-2220 (enclose an extra copy of this form).					
 Change in Entity Status a. Applicant claims Sl 	(from status indicated above MALL ENTITY status. See 1	_	b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 Cl	FR 1.27(g)(2).	
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